UNITED STATES DISTRICT COURT

for the

| Southern District of New York | | | | |
|--|---|--|--|--|
| MAIDA LARRIUZ |))) | | | |
| Plaintiff(s) V. MULLEN AND IANNARONE, P.C. |)) Civil Action No.))) | | | |
| Defendant(s) | | | | |
| SUMMONS IN A CIVIL ACTION | | | | |
| | | | | |
| A lawsuit has been filed against you. | | | | |
| Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: The Law Offices of Robert J. Nahoum, PC 48 Burd Street, Suite 300 Nyack, NY 10960 | | | | |
| If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court. **CLERK OF COURT** | | | | |
| CLLAR OF COURT | | | | |
| Date: 05/17/2019 | /s/ P. Canales Signature of Clerk or Deputy Clerk | | | |
| | Signature of Clerk or Deputy Clerk | | | |



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Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

| | | ne of individual and title, if ar | ny) | | |
|---------|---|-----------------------------------|------------------------------------|--------|--|
| was red | ceived by me on (date) | | · | | |
| | ☐ I personally served | the summons on the ind | lividual at (place) | | |
| | | | on (date) | ; or | |
| | ☐ I left the summons at the individual's residence or usual place of abode with (name) | | | | |
| | , a person of suitable age and discretion who resides there, | | | | |
| | on (date), and mailed a copy to the individual's last known address; or | | | | |
| | ☐ I served the summons on (name of individual) , who designated by law to accept service of process on behalf of (name of organization) | | | | |
| | designated by law to | accept service of process | | | |
| | | | on (date) | ; or | |
| | ☐ I returned the summ | nons unexecuted because | e | ; or | |
| | ☐ Other (specify): | | | | |
| | My fees are \$ | for travel and S | \$ for services, for a total of \$ | 0.00 - | |
| | I declare under penalty of perjury that this information is true. | | | | |
| Date: | | _ | | | |
| | Server's signature | | | | |
| | | _ | Printed name and title | | |
| | | _ | Server's address | | |

Additional information regarding attempted service, etc: